Health Benefits At-A-Glance — 2010 Plan Year

In-Network Benefits	COVA Care/ COVA Connect You Pay	COVA HDHP You Pay	Kaiser Permanente You Pay
Deductible – per plan year			
• One person	$225	$1,750	None
• Two or more persons	$450	$3,500	None
Out-of-pocket expense limit – per plan year			
• One person	$1,500	$5,000	$3,500
• Two or more persons	$3,000	$10,000	$9,400
Doctor's visits			
• Primary Care Physician	$25	20% after deductible	$10
• Specialist	$40	20% after deductible	$10
Hospital services			
• Inpatient	$300 per stay	20% after deductible	$100 per admission
• Outpatient	$125 per visit	20% after deductible	$50 per visit
Emergency room visits	$125 per visit (waived if admitted)	20% after deductible	$75 per visit (waived if admitted)
Outpatient diagnostic laboratory, tests, shots and x-rays (not associated with surgery)	20% after deductible	20% after deductible	• $0 lab, pathology, radiology, diagnostic testing • $75 specialty lab and imaging
Prescription drugs – mandatory generic			
• Retail Pharmacy	Up to 34-day supply $15/$25/$40/$50	Up to 34-day supply: 20% after deductible	Up to 60-day supply: • Medical Center Pharmacy: $10/$20/$35 • Community participating pharmacy: $20/$40/$55
• Home Delivery Pharmacy (mail service)	Up to 90-day supply: $30/$50/$80/$100	Up to 90-day supply: 20% after deductible	Up to 90-day supply: $8/$18/$33
Wellness & Preventive Services			
• **Through age 6** *Office visits at specified intervals, immunizations, lab and x-rays*	$0	$0	$0
• **Age 7 and older** *Annual checkup visit (Primary Care Physician or Specialist)* *Immunizations, lab and x-rays*	$0	$0	$0
• **Adult** *Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen test (PSA), and colorectal cancer screening.*	$0	$0	$0
Basic Dental			
Plan Year Deductible	$50 single, $100 dual, $150 family	$50 single, $100 dual, $150 family	$25 per member
Maximum Benefit - per member, per plan year	$2,000	$2,000	$2,000
Diagnostic and Preventive	$0, no deductible	$0, no deductible	See fee schedule
Primary (Basic) Care	20% after deductible	20% after deductible	See fee schedule

In-Network Benefits	COVA Care/ COVA Connect You Pay	COVA HDHP You Pay	Kaiser Permanente You Pay
Expanded Dental Option*			
Complex Restorative (inlays, onlays, crowns, dentures, bridgework)	Optional*: 50% after deductible	Included: 50% after deductible	Included: See fee schedule
Orthodontic	50%, no deductible	50%, no deductible	See fee schedule
• Lifetime maximum benefit – per member	$2,000	$2,000	$1,000 (age 19 and under)
Routine Vision & Hearing Option*			
Vision *(once every 24 months from Blue View Vision or EyeMed network providers)*			
• Routine eye exam	$40		
• Eyeglass frames	20% of balance after plan pays $100		
• Eyeglass lenses *(standard plastic; single, bifocal or trifocal)*	$20		
• Contact lenses – *You may choose contact lenses instead of eyeglass lenses.*			
– Elective** conventional or disposable	15% off balance after plan pays $100		
– Non-elective**	Balance after plan pays $250		
• Contact lens fitting & follow-up			
– Standard fitting	Up to $55		
– Premium fitting	10% off retail		
• Savings & Discounts After Allowances Used Up			
– Additional pairs of eyeglasses	40% off retail		
– Additional conventional contact lenses	15% off retail		
– Certain eyewear & accessories	20% off retail		
See your COVA Care or COVA Connect Member Handbook for more details about this benefit, including out-of-network allowances.			
Hearing *(once every 48 months)*			
• Routine hearing exam	$40		
• Hearing aids and other hearing aid related services	Balance after plan pays $1,200		
• Benefit maximum	$1,200		
Out-of-Network Option*	Plan payment is reduced by 25%. Provider may balance bill for amount above allowable charge.	Not available	Not available

**Options are offered for an additional premium, and may be purchased in combinations as shown on the monthly premiums chart.*

***Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when eyeglasses are not an option for vision correction.*

This is an overview of your health care benefits. For details, see the appropriate Member Handbook or plan document, or visit ***www.dhrm.virginia.gov****.*